

## FAMILY OFFENDER SENTENCING ALTERNATIVE-COMMUNITY PARENTING ALTERNATIVE OFFENDER VERIFICATION OF CHILD CUSTODY

## **Acceptable Documents:**

The court encourages as many documents as possible.				
	Court Documents Tax Returns-Dependents DSHS Involvement Child welfare independent-CA TANF/Child Support/Econom Other DSHS program verificat Medical Insurance Daycare Records School verification-Address on file Bills to Household Medical Bills Family Statements-Verification of It Birth Certificate Paternity Test Other	ic-benefits verification ition Responsibility		
I, certify under penalty of perjury that the information provided in the Attached documents are true and accurate. I understand that any misrepresentation or fraudulence will automatic disqualify me from participation in the Parenting Sentencing Alternative Program.  Print name (first, middle, Last) DOC #/DOB Offender Signature Date				
rint na	ame (ilist, middle, Last)	DOC #/DOB	Offender Signature	Date

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 00-03, RCW 42.56, and RCW 40.14.